

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## Chapter 257 of the Acts of 2008

**In-Home Supports Provider Information and Dialogue  
Session:**

**DDS – Individual/Community Supports  
MRC – Independent Living/Supported Living**

**October 23, 2014**

[www.mass.gov/hhs/chapter257](http://www.mass.gov/hhs/chapter257)  
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# Agenda



- Chapter 257 of the Acts of 2008
- Review of Pricing Analysis and Rate Development Methodologies
- In-Home Supports Program Spending
- Program High-lights
- Draft Model Budgets Review
- Program Staff – Model Comparison
- Reprocurement
- Next Steps
- Questions/Feedback



# Chapter 257 of the Acts of 2008 Regulates Pricing for the POS System



Chapter 257 places authority for determination of Purchase of Service reimbursement rates with the Secretary of Health and Human Services under MGL 118E. The Center for Health Information and Analysis (CHIA) provides staffing and support for the development of Chapter 257 pricing.

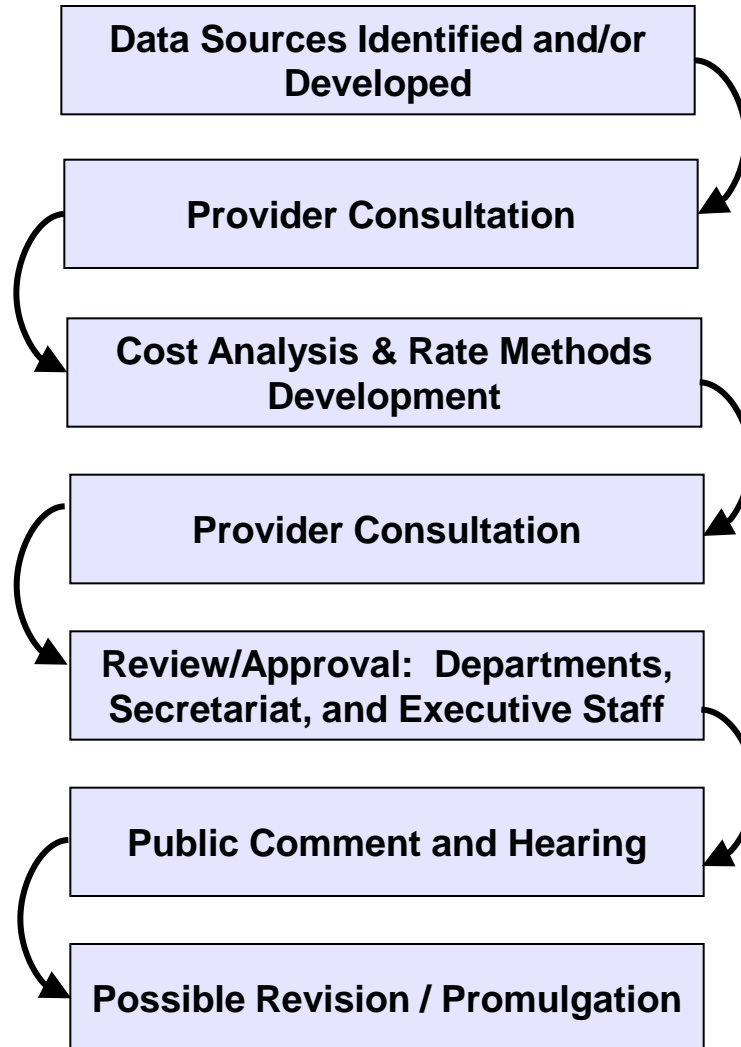
- Chapter 257 requires that the following criteria be considered when setting and reviewing human service reimbursement rates:
  - Reasonable costs incurred by efficiently and economically operated providers
  - Reasonable costs to providers of any existing or new governmental mandate
  - Changes in costs associated with the delivery of services (e.g. inflation)
  - Substantial geographical differences in the costs of service delivery



# Process of Analysis, Development, Approval, and Hearing



## Pricing Analysis, Rate Development, Approval, and Hearing Process





# DDS / MRC – In-Home Supports Program Spending



Project	Dept.	Activity Code	Program Name	FY14 Spending
In-Home Basic Living Supports	DDS	3798	Individual/Community Supports	\$53,353,170
	MRC	2216	Independent Living / Supported Living	\$2,650,692
		2227	Community Supports	\$3,681,436



# DDS / MRC – In-Home Supports Program Background



- The goal of the In-Home Supports is to provide a continuum of services that enable consumers to live as independently as possible in the community.
- The levels in the continuum offer the flexibility to move up or down in intensity based on the needs of the consumer.
- The models offer consumers support services that are customized to their specific needs in a variety of life activities on a regular or intermittent basis.
- As more intensive support is required, models begin to incorporate clinical oversight and case management to provide consumer assessment and coordination of services, treatment, and providers.



# DDS / MRC – In-Home Supports Program Background



- The two most intensive models in the continuum provide consumers in need of highly intensive support with a wider scope of services that promote independence in the areas of health, independent living, sensorimotor, affective development, behavior development, self help, and communication.
- The models include a greater level of oversight in program management and a different blend of staff better suited to meet the highly intense needs of the consumer.
- The models introduce the element of counseling and provide for the services of a Clinical Consultant on an as-needed basis.



# DDS / MRC – In-Home Supports Continuum



Models have been constructed based on a total of 1 FTE Direct Care Staff with accompanying management and supervisory personnel.

Model A is representative of the beginning of the continuum. As consumers move up the continuum, the models increase in intensity.

Other Program Expenses include:

- Training
- Travel
- Occupancy
- Program Support

In Home Supports – Model A		
Service Unit - Hour	Total Units	1,692
	FTE	% of Total
Program Director	0.06	
Direct Care Staff	1.00	
<b>Total Program Staff</b>	<b>1.06</b>	<b>63%</b>
Tax and Fringe		13%
<b>Total Compensation</b>		<b>76%</b>
Other Program Expenses		12%
<b>Total Reimb excl M&amp;G</b>		<b>88%</b>
Admin. Allocation		12%
<b>TOTAL</b>		<b>100%</b>
CAF:		
Rate Per Hour		





# DDS / MRC - In-Home Supports Program Staff – Model Comparison

In Home Supports - Model B			In Home Supports - Model C		
Service Unit - Hour	Total Units	1,692	Service Unit - Hour	Total Units	1,692
	FTE	% of Total		FTE	% of Total
Program Director	0.06		Program Director	0.06	
IA / Cultural Facilitator	1.00		Clinical Supervisor	0.05	
			Community Support Worker	1.00	
<b>Total Program Staff</b>	<b>1.06</b>	<b>58%</b>	<b>Total Program Staff</b>	<b>1.11</b>	<b>56%</b>

In Home Supports - Model D		
Service Unit - Hour	Total Units	1,692
	FTE	% of Total
Program Director	0.10	
Clinical Supervisor	0.10	
Case Manager	0.40	
Community Support Worker	0.60	
<b>Total Program Staff</b>	<b>1.20</b>	<b>51%</b>



# DDS / MRC – In-Home Supports Continuum



As consumers move up the continuum, additional staffing levels are incorporated.

Model E demonstrates the increase in hours for both the Program Director and Clinical Supervisor as greater oversight is required.

Other Program Expense include:

- Clinical Consultant
- Staff Training
- Staff Travel
- Occupancy
- Program Support

In Home Supports – Model E		
Unit –Hour	Total Units	1,645
Position	FTE	% of Total
Program Director	0.10	
Clinical Supervisor	0.10	
Counselor	0.50	
Community Support Worker	0.50	
<b>Total Program Staff</b>	<b>1.20</b>	<b>50%</b>
Tax and Fringe		10%
<b>Total Compensation</b>		<b>60%</b>
Other Program Expense		28%
<b>Total Reimb excl M&amp;G</b>		<b>88%</b>
Admin. Allocation		12%
<b>TOTAL</b>		<b>100%</b>
CAF:		
<b>Unit Rate</b>		



## DDS / MRC - In-Home Supports Reprocurement – FY2016



- DDS and MRC will be re-procuring In-Home Support services once rates are final. New contracts will be implemented reflecting the new rates and service models.
- The current goal is to propose the rates by the end of the calendar year. This will allow for the RFR to be issued at the beginning of 2015. Awards would be finalized in the Spring, allowing 2-3 months to make any necessary transitions to the new contracts and rates.
- The RFR itself will likely be a joint procurement between DDS and MRC, and will follow previous models of joint procurement in developing a Master Agreement list of qualified providers.



# DDS / MRC – In-Home Supports Next Steps



- Discuss provider feedback internally
- Provider Consultation
- Recommend final rate review proposal to executive staff
- Propose rates via a draft regulation
- Public hearing – oral and written testimony
- Review submitted testimony, revise rates as needed
- Finalize rates



# Questions/Feedback



The meeting presentation will be posted on Chapter 257 website:  
[www.mass.gov/hhs/chapter257](http://www.mass.gov/hhs/chapter257)

Comments and questions regarding Chapter 257 process can be  
sent to: [EOHHSPOSPolicyOffice@state.ma.us](mailto:EOHHSPOSPolicyOffice@state.ma.us)